



CONFIDENTIAL ENROLMENT FORM

CHILD'S DETAILS

Surname: _____ Given Names: _____ Date of Birth: _____

Child's Reference Number: _____ Sex: Male Female (Please ✓)

PARENT OR GUARDIAN'S INFORMATION

Mother's Name: _____ Father's Name: _____

Date of Birth: _____ Date of Birth: _____

Parent's Reference Number: _____ Parent's Email Address: _____

Address: _____ Address (if different) _____

Employer: _____ Employer: _____

Phone: (H) _____ (W) _____ Phone: (H) _____ (W) _____

Mob: _____ Mob: _____

Ethnic Origin: _____ Language Spoken: _____

Ethnic Origin: _____ Language Spoken: _____

OTHER CHILDREN

Name: _____ DOB: _____ Sex: Male Female (Please ✓)

Name: _____ DOB: _____ Sex: Male Female (Please ✓)

BACKGROUND INFORMATION

Are there any foods your child may not have due to Cultural beliefs? Yes No (Please ✓)

If Yes, please provide details: _____

Does your Child have a day sleep? Yes No (Please ✓)

Does your Child require a dummy/comforter during rest time? Yes No (Please ✓)

Does your Child have any special needs? Yes No (Please ✓)

If Yes, please provide details:

Is your Child in Nappies? (Pls advise if your child is toilet training) Yes No (Please ✓)

How does your Child react when away from you? _____

Please provide any other information that will be helpful whilst your Child is in our Care: _____

How did you hear about Cath's Kindy: _____

Parent / Guardian Signature:

Date:

Parent / Guardian Print Full Name:

CONSENT FOR NON PRESCRIPTION MEDICATION

I, _____ give permission for the staff of Cath's Kindy to apply the following when necessary:

1. Application of antiseptic creams, lotions, band-aids or dressings for minor cuts and abrasions.
2. Application of powders/creams to prevent nappy rash when changing nappies.
3. Application of 30 or more sun screen whilst the child is outside.
4. Stingose or medication for bites or rashes or to stop child itching.

All medication brought into the Centre for administering must be in original bottles. Any medications which has been mixed in different containers must be accompanied with a letter from the Doctor stating what the medicine is. A prescribed medication form must accompany the medication before a staff can administer. (See Medications Policy for further information).

MEDICAL / EMERGENCYAUTHORISATION: In case of a medical emergency, every effort will be made to contact the parents before contacting authorities if necessary for assistance. However, we seek authority to be given for the treatment to be undertaken if considered necessary. Transport to a hospital or medical centre may be by ambulance or staff vehicle. Parents are asked to complete and sign below, allowing Cath's Kindy to obtain outside assistance when necessary and also signing that any costs incurred whilst gaining assistance is the responsibility of the parent(s)/carer. The signing of the authority below also allows the Centre to administer Paracetamol when parents and contacts cannot be made (only in the case of high temperature). A temperature is considered anything over 37.5C. (www.healthdirect.gov.au)

I, _____ agree with the information above and authorise the staff of Cath's Kindy to seek emergency treatment including the administering of Panadol for my child should this be considered necessary. I understand that I am responsible for any costs involved. (This includes, medical, dental, ambulance, hospital etc)

PARENT ENROLMENT AGREEMENT: On enrolling my Child, _____ at Cath's Kindy, I the undersigned do hereby agree that:

1. I am aware of the Policies that govern the Centre. I understand that any changes to Policies will be advised throughout the year via the Policies Folder which is kept in the foyer.
2. I agree to pay the weekly fees as stated by Centre Management using Ezidebit, no cash or cheque is available, keeping fees one week in advance, with \$120 per child being held as bond. I agree to give Centre two weeks notice to changes to enrolled days (*subject to availability*) or withdrawal. I am aware that if my child does not attend during the two week notice period that no fee relief is available and full fees are payable. I agree that from the 1st of September each year fees are payable up until the Centre closes for the Christmas period. No withdrawal is accepted unless the position can be filled. I understand that fees are also payable for public and personal holidays, emergency shutdowns and absences due to illness or any other absences. I understand a late fee will be charged for children collected from the Centre after 6:30pm. I will be required to complete a late fee in the event that child/ren are collected after 6:30pm. I also understand that a late payment fee will be applied to my account weekly for fees that are in arrears.
3. I am aware, that should there be any allegations/reports made that requires investigation, internally or externally, Centre Management have the write to withdraw care immediately, pending the outcome of any such allegation. Any fees owing must be paid immediately, any fees remaining will be refunded and no fees will be charged during this period

Parent / Guardian Signature:

Date:

Parent / Guardian Print Full Name:

4. I am aware that any medication must be handed to staff upon arrival and not left in my child's bag, I am also aware that asking for Panadol type medication to be given throughout the day via a Medication Form will be not accepted unless a Doctor's note is provided explaining times and the reason why this medication is needed.
5. I am aware that should my child have an injury such as stitches or a broken limb, that a letter from a Medical Practitioner advising the child is safe to attend is required.
6. I am aware that the Centre closes at Christmas time for approximately three (2-2.5) weeks, and that fees are not payable during this time. Parents will be advised of closing and opening dates in advance.
7. I agree to keep my child away from the Centre when he/she is suffering from an infectious disease or condition and understand that fees are still payable. If required, I will provide clearances from a Doctor prior to bringing my child back from an infectious disease. I agree to notify the Centre promptly regarding any absences.
8. I am aware that if I have given my child a pain/temp relief medication within a 12 hour period before coming to the Centre, they should not be in attendance until after that 12 hour period without any evidence of illness.
9. I am aware that my child will not be permitted to leave the Centre with anyone other than those specified by me in writing or on the Enrolment Form. I understand the importance of signing in and out using the Kiosk Ipad and agree to do so on each day of attendance. I understand that I use my own login and do not use that of another person for the purpose of dropping off and picking up.
10. I give permission for:
 - My child to be photographed for use within the Centre (portfolios/displays) Yes No (Please ✓)
 - My child to be photographed for advertising or news items Yes No (Please ✓)
 - My Child to be photographed for use on social media (Facebook) ensuring privacy of the child and following the Social Media Policy of the Centre Yes No (Please ✓)
 - My child to be photographed for use on Kinderloop (which I have signed permission for and understand it is a private secured portal for up to 4 email addresses provided by me Yes No (Please ✓)
11. I give permission for my children's development to be observed and notes taken by staff only and understand that this information will only be available to staff.
12. I am aware that I need to provide the Centre updated immunisation history details for my child/ren.
13. I understand that in/excursions are arranged throughout the year and that all details will be given to me for permission for my child to attend, and that I am responsible for the costs of these excursions/events. *(Please refer to the Excursions Policy for more information.)*
14. I agree that all the information provided is correct as at the date of signing the form and I will advise the Centre of any changes throughout my child's enrolment at Cath's Kindy.

CHILD'S HEALTH HISTORY

Medicare No.: _____ Ref No.: _____

Private Health Fund & No.: _____

Paediatrician's Name Address, and Phone No.: _____

Dentist's Name, Address & Phone No.: _____

Doctor's Name, Address & Phone No.: _____

Parent / Guardian Signature:

Date:

Parent / Guardian Print Full Name:


Does your Child have any known allergies?

Yes No Please ✓)

If Yes, Please provide details: _____

 Does your Child suffer from any illness/disability or special needs? Yes No (Please ✓)

If Yes, Please provide details: _____

 Does your Child have regular treatment / medication for the above or other? Yes No (Please ✓)

 Has your Child been hospitalised in the past? Yes No (Please ✓)

If Yes, Please provide details: _____

ILLNESS TREATMENT PLAN (For Children with ongoing illnesses)

Symptoms that will occur: _____

Plan of Treatment: _____

Medication to be administered: _____
(I understand for any medication to be administered, the appropriate Medication Form must be completed and signed.)

INFECTIOUS DISEASES: I have been advised of the Children's Health & Safety Policy in regards to infectious disease. I am aware that I must notify the Centre of any infectious disease and the need to provide a clearance from a Medical Practitioner before bringing my child back to the Centre. I understand the Centre follows Staying Healthy In Childcare for information on controlling risks/exclusions and advises according to policy. This information is displayed in the foyer.

Parent / Guardian Signature:

Date:


Parent / Guardian Print Full Name:

FAMILY STATUS

 Do both parents have custody? Yes No (Please ✓)

If No, which parent has custody: _____

Details of Access: _____

 Name of any person(s) who must have no access to your child: _____
(Please note, that unless there is a stamped court order provided to us we cannot disallow access to the other parent.)

Parent / Guardian Signature:

Date:

Parent / Guardian Print Full Name:

EMERGENCY CONTACTS AND/OR PERSONS AUTHORISED TO COLLECT YOUR CHILD(REN) - OTHER THAN PARENTS

Contact will be made with the persons nominated below in the case of an emergency only. Parents or primary guardian will be called always in the first instance. The persons listed below you have given authority to collect your child(ren) from Cath's Kindy. Under no circumstances will we allow any other person to collect your child unless notification is received by phone or in writing. Persons collecting your child may be asked to produce identification. Please notify us of any changes to this information immediately. Please note that until staff get to know the people listed below, proof of ID which matches the information you have given us below is necessary, we will not permit a child to leave the premises should ID not be provided.

 SURNAME: _____ GIVEN NAMES: _____

ADDRESS: _____ POST CODE: _____

PHONE NO.:(Home) _____ (Mobile) _____ (Work) _____

RELATIONSHIP TO CHILD: _____

 SURNAME: _____ GIVEN NAMES: _____

ADDRESS: _____ POST CODE: _____

PHONE NO.:(Home) _____ (Mobile) _____ (Work) _____

RELATIONSHIP TO CHILD: _____

Parent / Guardian Signature:

Date:

Parent / Guardian Print Full Name: